Manchester City Council
Report for Information

Report to: Health Scrutiny Committee - 25 February 2016

Subject: Manchester's urgent care system

Report of: North, Central and South Manchester Clinical Commissioning Groups

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Summary

This paper outlines current performance across the urgent care health and social care system, the causes of areas of underperformance and actions being taken to secure improvement.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

Manchester Urgent Care System

1.0 Introduction

This paper outlines current performance across the urgent care health and social care system, the causes of areas of underperformance and actions being taken to secure improvement. OSC members are asked to note the contents of the paper.

2.0 Overview

A&E performance is measured by the national 4hour target, and monitored on a daily basis by each acute Trust and local CCGs. The National A&E standard sets out that all patients who are admitted to an A&E department will be admitted or discharged within a 4 hour period. It is important to note that although the target shows performance within A&E, its achievement is dependent upon the whole urgent health and social care system, including primary, community and social care as well as hospitals operating efficiently and effectively.

A+E is only a symptom of the problem of urgent care, it is not the cause

Factors including ambulance performance, delayed discharges, and alternatives to both A&E attendance and hospital admission all impact on patient flow and the ability for acute Trusts to achieve their 95% 4hour target in A&E.

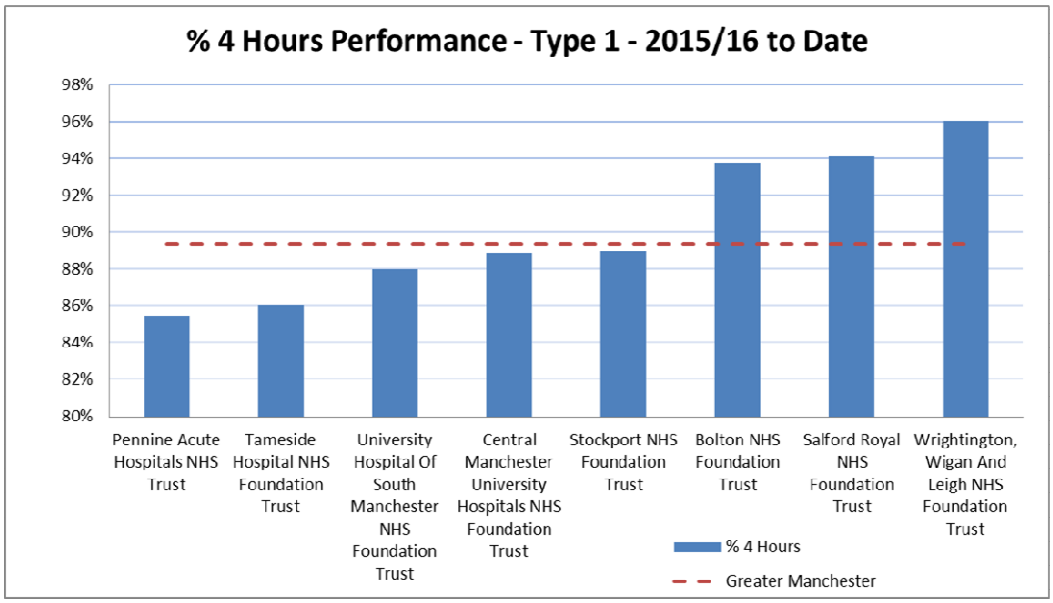
2.0 Current performance across the urgent care system

2.1 A&E 4hr target

A&E performance against the 4hr target has been challenging across Greater Manchester in Q2 and Q3 of the 2015/16 financial year. According to the Q3 data provided by University Hospital South Manchester (UHSM), Pennine Acute Hospitals NHS Trust (PAHT) and Central Manchester University Hospitals NHS Trust (CMFT), UHSM achieved 82.12%, CMFT achieved 92.73% PAHT achieved 80.68% - of which North Manchester General Hospital achieved 76.70% against a 4hr performance target of 95%. Q3 data has been provided from Manchester's acute Trusts. Wider Q3 data is available from NHS England (NHSE) mid February 2016.

	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Q4 to Date	Year to Date
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%			
Central Manchester University Hospitals NHS FT	95.30%	95.10%	91.50%	95.60%	94.30%	95.27%	95.44%	92.73%	92.89%	94.33%
Pennine Acute Hospitals NHS Trust	95.70%	95.10%	91.50%	92.20%	93.60%	92.83%	89.68%	80.68%	79.78%	87.09%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.31%	96.33%			
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	93.70%			
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	90.53%			
University Hospital of South Manchester NHS FT	91.10%	95.10%	92.00%	89.40%	91.90%	91.27%	90.21%	82.12%	71.64%	86.66%
Wrightington, Wigan and Leigh NHS FT	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.07%			
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	93.89%			

Source: NHS England



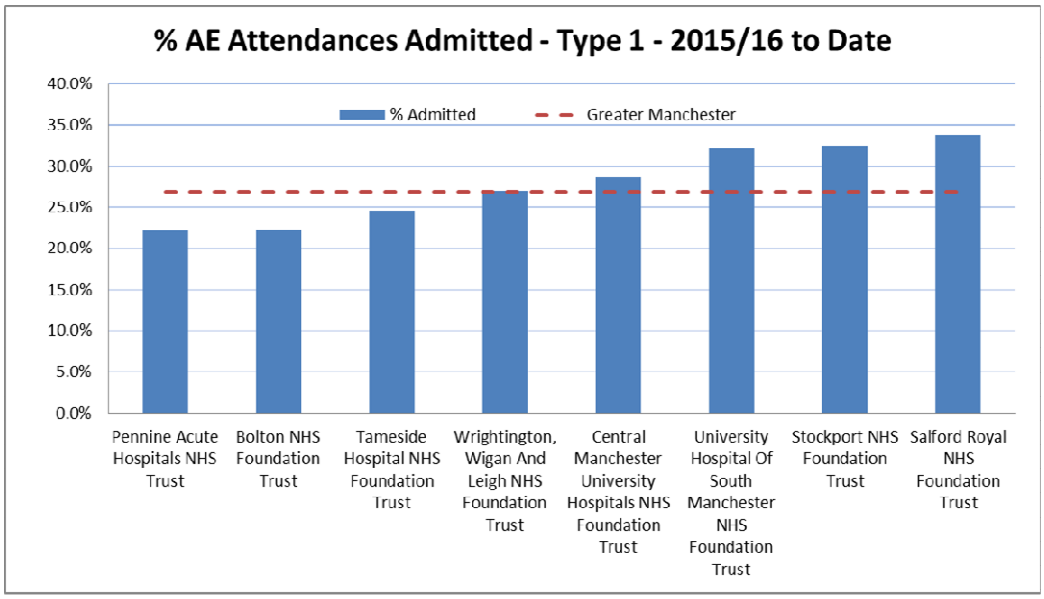
Source: NHS England – A&E activity Q1 to Q3 2015/16

Latest 4 hour performance data shows UHSM's performance on Q4 to date at 72.37% and year to date at 86.23%, indicating that they will not achieve the 95% standard in Quarter 4 of 2015/16 and as such there is a risk for the accumulated performance for the year.

CMFT's performance on Q4 to date at 92.14%, and year to date at 94.20%, with plans to achieve performance in Q4.

NMGH's performance on Q4 to date at 73.28%, and year to date at 83.50%, indicating that they are off trajectory to achieve the 95% standard in Quarter 4 of 2015/16 and as such there is a risk for the accumulated performance for the year.

It is recognised nationally that patient flow is significantly impacted by the rate of unplanned admissions, in particular when the amount of unplanned admissions exceeds the number of discharges – resulting in a reduced patient flow. Patient flow is required to ensure that patients are discharged in an efficient way once they are medically fit so to release the number of beds required for both elective and non-elective admissions.



Source: NHS England – A&E admissions as a percentage of A&E attendances Q1 to Q3 2015/16

All parts of Manchester's health and social care economy continue to work collaboratively to support the patient flow across the whole system. Robust escalation processes are in place to ensure whole system response during times of surges in demand**.**

2.2 Ambulance handover and performance

The North West Ambulance Service (NWAS) works to strictly mandated response times for emergency call outs. These are designed to get suitably trained personnel out to a person in need of emergency medical attention – and often emergency conveyance to hospital – within an optimum timeframe. For the ambulance service to achieve these response times it is necessary to maximise the time that vehicles and crews are 'out on the road' responding to emergencies.

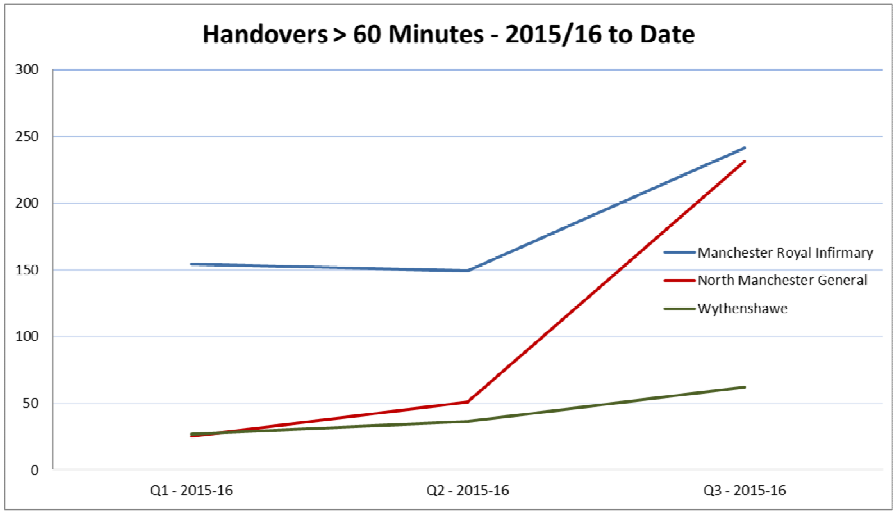
When a patient requires hospital treatment, they are conveyed by NWAS to hospital. The care of the patient is transferred from the NWAS crew to the hospital staff. This is known as a 'handover'. The time spent by the ambulance crew at the hospital is time that is not spent responding to other emergencies. For that reason, what happens to an ambulance crew when they arrive at a hospital, and the time it takes for the crew to clear the site, can have a significant impact on the operational delivery of the ambulance service.

During January and February 2016, pressures on the urgent and emergency care system across Greater Manchester have led to some very long waits – sometimes upwards of >2 hours – for the care of patients to be 'handed over' from ambulance crews to receiving hospital sites. This is not conducive to patient experience, quality care or the effective use of ambulance resources, with crews spending long periods of time at hospital sites and therefore unable to respond to other emergencies in a timely fashion.

Hospital site	Ambulance handovers >2 hours (January 2016)
Manchester Royal Infirmary	44
North Manchester General	41
Royal Oldham	31
Royal Bolton	23
Fairfield General	13
Stepping Hill	12
Tameside	10
Wigan Infirmary	3
Wythenshawe	2
Salford Royal	0
Total	**179**

Source: NWAS HAS Reporting Portal – January 2016

These issues have been experienced at several Greater Manchester hospital sites, but there has been particular pressure at the Manchester Royal Infirmary and North Manchester General Hospital.



Source: NWAS HAS Reporting Portal – April 15 to December 15

This matter is subject to close operational scrutiny and management via established urgent care system-wide escalation procedures. In addition, the following key actions are being taken:

- Ongoing close working between the CCGs, NWAS and hospital Emergency Departments to review and optimise local operational processes in support of timely ambulance receipt – following a series of deep dives into performance held during 2015
- NHS England mandated completion of root cause analyses of handover breaches of greater than two hours by the receiving hospital trust, to ensure that learning opportunities are identified and implemented
- Inclusion of timely ambulance handover as a key line of enquiry into CCG audits into A&E case notes

- Involvement of NHS Improving Quality Team (NHSIQ) with Trusts experiencing particular pressure – including CMFT and PAHT
- A handover/turnaround improvement event, to be led by the NHS Emergency Care Intensive Support Team (ECIST)

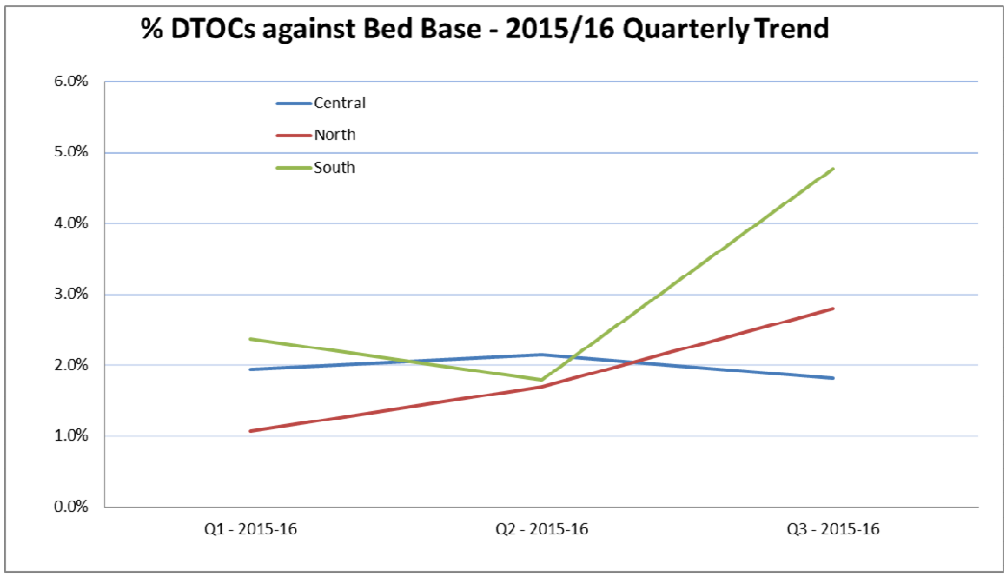
Dedicated transport for transferring patients with a mental health diagnosis requiring a mental health bed is also an issue, as our current providers of NWAS and Arriva are unable to transfer mental health patients who require escorts and/or potential control and restraint. The risk is that without timely transport response for the transfer of patients being admitted into mental health beds – we are always at risk of 4 hour breaches, and of a poor patient experience.

NHS Blackpool CCG– is the lead commissioner for NWAS and host of the Arriva contract, and as such would like to look at the scale of the MH transport problem across the 33 CCGs in the NW. This has also been escalated to the Chair of GM Transport Group.

2.3 Delayed Transfers of Care (DTOCs)

Delayed Transfers of Care (DTOCs) represent the major operational challenge for the health and social care partnership. There are several features of the local working environment that prevent the optimisation of DTOC performance. Across Manchester, Manchester City Council (MCC) support three acute Trusts, each dealing with DTOCs independently, which presents a significant operational complication for the Council's Adult Care Service ie the management of DTOCs takes place in triplicate, with all the resource implications entailed. In addition, MCC's ability to contribute to the timely discharge of patients is affected by external downward pressure on available local government funding.

Manchester City Council is working through a transformation programme to integrate health and social care services, through the "Care Closer to Home Project". A key aim is to manage demand differently to ensure the Council is able to continue to discharge its statutory duties effectively, in an increasingly challenging operational environment and enable more people to remain at home for as long as possible supported by community based packages of care and support. There are current market challenges to availability of Home Care provision across the city. CCGs are working in partnership with MCC to understand current market constraints and opportunities for further development.



Source: Urgent Care Daily Report – North, Central & South Manchester – Apr 15 to Dec 15

For Central Manchester SRG, DTOCs are fairly well managed, and have not been highlighted as an issue. However, each DTOC represents a patient in a hospital bed when they do not need to be and frustration for patients and families.

For South Manchester & Trafford SRG, 10% of UHSM's bed stock is currently populated by patients with a reportable delayed discharge. This equates to two wards. In response to this, a Multi-Disciplinary Accelerated Discharge Event (MADE) model / Integrated Discharge Team was established on 4th January 2016, with senior representation, and with a particular focus on complex discharges. The initial focus has been to maximise daily discharges; and to consider flexible and innovative approaches to future discharges.

Daily reporting from MADE/ IDT has provided evidence of escalation needs and performance improvement. Previous concerns raised around social care providers supporting the hospital with regard to timely assessment and discharge has been exposed; allowing commissioners to prepare contract variations to existing social care contracts .Any outstanding issues requiring escalation are raised at the weekly System Resilience Operational Group. Delivering the change in discharge systems and processes aims to maximise the ability to reduce the overall numbers of current delayed discharges, and understand the requirements to achieve sustained low levels of delayed discharges.

In response to challenges related to DTOCs across the Pennine footprint, a Rapid Improvement Event to reduce DTOCs took place at PAHT from 18th – 21st January 2016 – to review the discharge process across the health a social care economy, develop and implement solutions at pace, and create robust implementation plans utilising the PDSA approach to improvement. Work is ongoing to impellent the key actions, and whole system reviews will take place according to the 30, 60, 90 day PDSA cycle.

Manchester City Council has stated that the whole end to end discharge pathway-function requires a different approach, to address the present shortcomings. The operational discharge partnership needs to be considerably strengthened by way of a distinct functional specification, specifying the roles and responsibilities of all partners, including statutory duties, the relationships between them, along with the associated financial obligations, based on pooled funding, and all configured to the achievement of a clear set of aims and outcomes. For the Manchester health and social care economy, this more coherent model will deliver consistency and a stronger performance, with the added value of uninterrupted continuity over time.

2.4 NHS111

Since 10th November 2015 the call handling of GP out of hours' calls has been carried out by NHS111. The provider for NHS111 in the North West is NWAS. Greater Manchester was the third phase of the roll out of the full NHS111 services across the North West.

The introduction of NHS111 has heralded a system change. The pattern of dispositions from NHS111 is broadly in keeping with previous commissioning assumptions. The recent pressures on the North West urgent care system and some of the high pressures on NHS 111 and other urgent care services over the Christmas holiday period has created some concern. There were some challenging days in December 2015, and at peak times at weekends, but the situation is now improving. NWAS has already recruited and scheduled training for a number of additional staff, the staffing position is being maximised in preparation for Easter and forms part of the weekly performance meetings.

2.4.1 The main dispositions/outcomes from NHS111

The main dispositions / outcomes from NHS111 are:

- Ambulance
- A&E department/ Walk in Centres/ Urgent Care Centres
- GP/GP Out of Hours
- Other Primary Care services, i.e. dental, pharmacy, etc
- Self-Care

As expected there has been a reduction in activity handled by the Out of Hours Service. This has happened as the 111 service completes the handling of patients with higher and lower acuity conditions where these patients would previously have been handled by the Out of Hours Service. Feedback from other OOH services is that 111 has reduced their activity, and that the activity sent by 111 is more appropriate.

As part of the extensive quality assurance of the NHS 111 service in line with national guidelines, the service receives feedback from Healthcare Professionals as well as complaints and compliments from the public. Feedback is reviewed by the CCG Clinical Leads and forms part of the monthly clinical governance reports to CCGs. These reports are discussed at the monthly Greater Manchester Clinical Quality Assurance Committee, where any required actions are agreed.

Patient surveys have consistently shown a high level of satisfaction by those who use the service with more than 90% reporting that the advice they received was either very helpful or helpful. 45% of respondents stated that they would have dialled 999 or gone to A&E if the NHS 111 service had not been available. Only 20% of people dialling NHS 111 were advised to go to A&E or were called an ambulance.

2.4.2 NHS 111 outcomes

Comparing the three Manchester CCGs with the overall North West Service in January 2016:

	January 16 (NW)	January 16: Manchester CCGs
Calls Triaged	133,892	8,460 (6.3%)
Ambulance conversion	12.5%	11.9%
A&E referral	7.9%	8.9%
Primary care referral	61.8%	60.7%
Self-care	15.4%	16.3%
Other outcomes	2.3%	2.2%
Complaints	56	5 (3%)
HPF	345	21 (6%)

In summary 6.3% of the North West calls relate to the three Manchester CCGs. The outcome from the NHS 111 calls for the three Manchester CCGs is consistent with the rest of the North West.

2.4.3 Referrals to Ambulance and A&E

As shown in the table above 11.9% (12.5% North West) of Manchester callers to NHS 111 receive a 999 disposition following their NHS 111 assessment and 8.9% (7.9% North West) are advised to attend A&E (including Walk in Centres/Urgent Care Centres).

The ‘conveyance to hospital’ rate for NHS 111 calls that resulted in a 999 ambulance dispatch for the three Manchester CCGs is 71.2% compared to the North West average of 73.4%. The conveyance to hospital rates for direct dialled 999 calls as a comparator are 74.2% in the three Manchester CCGs compared to a North West average of 77.4% in the North West.

The NHS 111 Service does not make direct referrals to A&E in the same way as it refers patients to 999 and GP Out of Hours services. Therefore it is not possible to state with 100% accuracy how many of the patients who are advised to attend A&E do actually attend A&E following the advice given.

As NHS 111 in now handling many more calls for the three Manchester CCGs than before November 2015, it is perhaps inevitable, that there will be more patients attending A&E that are badged as 111 rather than there necessarily being more patients. It is noteworthy that where NHS 111 has been established for longer, the

rate of feedback and concern regarding A&E attendances is far lower than where recent change has occurred.

The overriding message is that there has been a system change created by the introduction of the NHS 111 service as the front end call management service, but the management and onward referral of calls in the Manchester CCGs is no different to any other CCG area.

2.5 Summary of system wide issues impacting on urgent care performance

The key challenges currently facing the Manchester Urgent Care Systems are:

- Increased acuity of patients presenting in A&E
- Poor turnaround of ambulances in A&E, impacting on wider NWAS performance
- A significant number of beds taken out of system by acute providers. Unable to reopen due to challenges to nurse recruitment
- High levels of delayed discharges
- Lack of sustainable provision of home care capacity to support discharges
- Within the NHS there is established 24/7 working, whereas by contrast seven day working is not yet standard for the much of the social care sector (though the Care Act 2014 requires its introduction), leading to gaps in joint working, typically out of hours and at weekends.

3.0 System Resilience Groups (SRGs)

Each locality, North, Central and South Manchester has a System Resilience Group (SRG), which is the locality forum where urgent care capacity planning and operational delivery across the whole health and social care system is coordinated. North Manchester is part of the North East Sector SRG which represents the Pennine Acute Hospitals NHS Trust 'footprint'. The key principles of the SRG are to provide a resilient care system that:

- Provides consistently high quality and safe care, seven days a week
- Is simple and guides good choices by patients and clinicians
- Provides the right care in the right place, by those with the right skills, the first time
- Is efficient in the delivery of care and services
- Ensures the system can meet the demands of the local population's health needs
- Supports delivery of evidence-based care and high impact actions
- Works with the GM Strategic Urgent Care Network to support resilience across Greater Manchester

3.1 System wide resilience plans for 2015/16

All CCGs, as part of their financial allocation, received monies to support resilience for 2015/16. A full review of the services which were supported and funded for 2014/15 were reviewed to identify what was successful and where further attention was required. All provider organisations submitted new schemes to support further

improvement in performance. These schemes were considered and prioritised by each of the SRGs– with proposed KPIs to measure against performance. These plans are monitored by each SRG.

To ensure continued improvement and provide assurance for SRG against all plans, each SRG has established a local System Resilience Operational Group with senior representation from system wide commissioning and provider organisations.

Following reflection of the existing governance infrastructure associated with the establishment of three locality based system resilience groups (SRGs) across the City of Manchester, Chief Officers of the Manchester CCGs requested the need to consider an executive level 'Citywide' Group bringing together the Central, North and South Manchester SRGs to consider the scope of managing consistent themes impacting on all of our three Acute hospitals performance and delivery which are best achieved at a city wide footprint. This will commence in April 2016.

A dedicated Urgent Care System Resilience Manager has been appointed for North, South, Central Manchester & Trafford CCGs to support partners in their delivery of improved performance and provide assurance to NHSE according to their winter reporting schedule.

Assurance and exception reports are submitted by each SRG to NHSE weekly – with triggers for escalation aligned with performance against the 95% target in A&E. Operational Capacity plans have also been submitted to NHSE for planned surges in demand over Christmas and New Year 15/16, first draft of Operational Resilience Capacity Planning for 16/17, and in progress for Operational Resilience during Easter 15/16.

From November 2015, in line with NHSE's Surge and Escalation Reporting and Monitoring 2015/16, local system escalation conference calls have been implemented, supported by face to face meetings of the System Resilience Operational Groups – to add traction into the local systems and respond to challenges in a timely manner.

4.0 South Manchester & Trafford System Resilience Group

The current A&E performance against the 95% objective, describes a deteriorating performance over the last few weeks. There are a number of issues that are impacting on A&E performance:

- Year to date, A&E attendances have been 74,916 which is 2.4% less than 76,785 attendance recorded for the same time last year. Data provided by UHSM illustrates that whilst there have been less patients the complexity of the patient case mix, with a trend in favour of more acute cases.
- A number of patients are experiencing lengths of stay in UHSM of >14days, which significantly impacts on bed capacity and patient flow.
- The systemic challenges to recruit workforce impacts on the ability to increase capacity of acute and intermediate care bed stock and packages of care.

- Lack of recurrently funded MH medical and liaison nursing provision impacts on both A&E performance and delays in discharging patients awaiting mental health assessments on acute wards
- The A&E at UHSM was built to accommodate 60,000, patient attendances per annum. Attendances are now in excess of 96,000 patients per annum. At capacity time to wait to see the doctors extends. Business approval sought for development of ED by 50%, as delivery for current programme is two years.

An emergency escalation tripartite meeting took place with UHSM, and South Manchester and Trafford CCGs, Monitor and NHS England on 1st October 2015 to examine the particular pressures driving emergency care underperformance in South Manchester, and to understand what more needs to be done to secure the requisite sustained improvement. NHSE and Monitor agreed that a significant amount of proactive and appropriate work has been established, including the development of the frailty unit at UHSM; the review of the efficacy of last year's winter schemes; the dedicated primary care input to nursing homes; and closer operational working between system partners. They also noted from the meeting that there are constructive and strengthening working relationships amongst the partners in the emergency care system.

In November 2015, South Manchester & Trafford SRG identified a number of priority areas to assist with improved performance, with schemes prioritised in terms of anticipated impact on achievement of the 4hr 95% target. The revised high level plan was approved by NHSE on 13th November 2015.
Despite the many actions being undertaken to address performance, results have continued to show a deteriorating performance.

In December 2015 following a South Manchester & Trafford Executive tripartite meeting, a short to medium term recovery plan was agreed with key ticket items, identified resources and timelines to improve A&E performance at UHSM. The revised plan was presented to an urgent care tripartite meeting with NHSE and Monitor on 18th January 2016, and further actions agreed to improve current performance trajectory – including review of all unscheduled care bed capacity, a focus on UHSM staff recruitment and retention, build on the existing ambulatory care work-streams, review home care provision and reduce delayed transfers of care. The next urgent care tripartite assurance meeting with NHSE and Monitor is scheduled for March 2016.

4.1 System wide response to Urgent Care challenges in South Manchester

4.1.1 Additional UHSM bed capacity

Medical outliers at UHSM remain high in 15/16 against a target of 15 per day (approx. 1,350 per quarter). From November 2015 UHSM has expanded – and continues to expand - both their scheduled and unscheduled care bed capacity, community bed capacity and reconfiguration of a number of inpatient wards to day case facilities. Some delays have occurred due to challenges to staff recruitment.

4.1.2 Maximising patient flow through the hospital

UHSM have focussed early reviews of patients, and maximised utilisation of the discharge lounge, to ensure patients safe, effective and timely discharge of patients. They have also strengthened the acute discharge nursing team in A&E.

Social care are working with UHSM with a programme of training to raise awareness of assessment requirements for social services, currently a high number of referrals do not require care to be in place. This work should encourage better flow through the system and better use of social worker time.

4.1.3 AMRU

The Acute Medical Receiving Unit (AMRU) has the role of providing rapid, definitive clinical assessment, investigation and treatment for those patients with an ambulatory care sensitive condition (ACSC) admitted urgently or as an emergency from A&E at the University Hospital of South Manchester (UHSM), and those referred by their GP. Early assessment, streaming and the development of selected care pathways in unscheduled care is essential to ensure patients receive effective clinical management. Reducing unnecessary admissions into a hospital bed helps ensure that those that do need to be admitted get to the right ward under the right team in a timely manner. This improves both the quality of care and the length of stay for all. The aim of the unit is to manage as many patients as possible who, in the absence of an ambulatory care facility, would be admitted to hospital. All patients should be considered for ACSC management as a first line, unless they are clinically unstable.

4.1.4. Additional Social Worker capacity

UHSM have funded two additional social workers to support patient flow through the hospital and facilitate discharges. These complement the additional capacity funded via SRG monies. To support this, the CCG has also made funding available to purchase additional care package capacity.

4.1.5. Community DVT Service

This was commissioned to support community-based assessment and management of DVTs. The initial assessment of patients (Wells score and D-dimer) takes place in a community clinic, with diagnostic scans also offered. Where the scan confirms that a DVT is present, the patient will be managed in the community (unless there are complicating factors present which require secondary care management).

4.1.6. Sitting Service

The CCG has commissioned a Sitting Service from Age UK to fund night sitters to sit with vulnerable (including end-of-life) patients overnight, attending to their specific needs, for example to remind them to take medication, see to toilet needs. This is to promote patient dignity and well-being, support patients in their place of residence, to provide respite to carers and to reduce demand on the urgent care system.

5.0 Central Manchester System Resilience Group

CMFT, along with partners across the Central Manchester health and social care economy, has reported an increase in demand and acuity of presentation, impacting on performance against the 95% target. This has contributed to pressures at CMFT. The Trust has also experienced bed pressures due to infection control procedures, coupled with on-going challenges around filling nurse and medical vacancies.

In response to pressures, CMFT is working through its internal escalation procedures to improve performance, and Central Manchester SRG have agreed a Q4 resilience plan to increase bed capacity and reduce A&E attendances and unplanned admissions.

The SRG has recognised the pressures at the RMCH emergency department are impacting on overall performance for CMFT and the need to consider and address these separately from Manchester Royal Infirmary. A separate operational group for children with new Terms of Reference has been tasked to take an overview of RMCH. This group reports regularly to the SRG.

5.1 System wide response to Urgent Care challenges in Central Manchester

5.1.1 Improve patient flow

- CMFT have opened 18 beds in January 2015 to manage patient flow and support the 4 hour A&E target.
- Clinical 'streaming' of low risk patients is taking place in A&E– including mental health – to the Walk In Centre (WIC) and GP Out of Hours (OOH) to maximise available resource.

5.1.2 Urgent Care First Response - Complex community response (CCR)

The service commenced in October 2015, a multi-disciplinary community based team are actively managing an identified group of patients in the Chorlton area. This includes social support and 24 hour rapid response carer input.

5.1.3 Community Assessment Unit (CAU) in CMFT

The Community Assessment Unit opened on the 5th October 2015 as one project within the scope of Urgent Care First Response. It is a facility in which GPs and community practitioners can access the expertise of an acute physician and/ or same day diagnostics with reporting in order to continue patient care at home whenever possible. The unit includes the input of a GP, who can access EMIS patient records and offers 50% capacity to same day booked GP appointments and 50% to community assessments. To date the percentage of patients being admitted to the CAU is 11.41%, a significant reduction to the average 23% of patients being admitted into the AMU (Acute Medical Unit).

5.1.4 GP in Paediatric A&E (RMCH)

Following a recent surge and escalation paediatric pressure testing event, a need was identified for GP support in the Paediatric A&E. This has been put in place from February 2016 in the form of a time-limited pilot providing a dedicated GP be based

in the RMCH paediatric A&E in weekday evenings and at weekends. It is intended that this pilot will inform how this additional resource can operate at times of predicted high demand at RMCH, for example October and November, when bronchiolitis is prevalent.

5.1.5 Manchester Pathway for Homeless Patients (MPATH)

A specialist GP led multi-disciplinary team from Urban Village Medical Practice which has considerable expertise in working with homeless patients that possesses the skills, knowledge and networks to work with relevant statutory and non-statutory agencies to undertake work with frequent A&E attendees and homeless patients that are admitted to the MRI in order to reduce attendances, admissions and readmissions, improve health outcomes and patient experience and increase the use of primary care services for this cohort. Reduced admissions for this cohort is 48%.

5.1.6 Care Homes Primary Care Model

The Care Homes service provides dedicated GP and nursing services to care home residents. The GP element includes patient reviews and 'ward' rounds and so is the pro-active management of patients. The Nursing element exists in nursing homes and residential homes. This includes a named nurse contact, assessment of admission, care planning, reviews in hospital if admitted and advice and support to care home staff. A service of this type is evidenced at reducing emergency admissions from Care Homes by 70% once established. This service has had a positive impact on admission; emergency admissions from care homes have reduced by 62% to date.

5.1.7 Booking clerks to support deflection (both RMCH and MRI)

This service is for A&E patients who enter 'Minors' via nurse triage or patients who have self-presented to the Walk in Centre. This also includes patients considered low clinical risk carried by NWAS to the Emergency Department, triaged in the Rapid Assessment Unit, and streamed to the GP appointment system if clinically appropriate. An administrator is based in the both adult and children's A&E Department, their role is to make contact with GP practices directly to make an appointment for the patient. This service has demonstrated a considerable reduction in re attendance to Primary Care Emergency Services and the Emergency Department by those patients offered a GP appointment.

5.1.8 Community services

Central Manchester CCG have also commissioned a number of community services to support admission avoidance and reduction in length of stay;

- Community IV therapy service,
- Intermediate care assessment team
- Support for patients with COPD
- Primary care standards to support out of hospital services.

Two additional beds on the Intermediate Care unit at Gorton Park have been funded for additional winter capacity.

5.1.9 Hospital based social workers

Central Manchester CCG has funded two additional social workers to support timely discharge at CMFT. The funding is until the end of the financial year 2015/16.

6.0 North East Sector System Resilience Group

North Manchester CCG is a partner in the North East Sector System Resilience Group and assurance is provided via a North Manchester System Resilience Locality Operational Group. Performance at North Manchester General Hospital (NMGH) has been much worse in 2015/16, and NMGH will not achieve the 4hr standard. Compared with its peers, the site has a low conversion rate which is a positive report. There is pressure on the site, the cause of which is multi-factorial; workforce recruitment, severity of presenting illness, delayed discharges, and reduced bed capacity. The impact is felt across the system with an increasing number of ambulance delays which is causing concern.

North Manchester CCG registered patients account for approximately 57.8% of A&E attendances to NMGH and approximately 45.8% of non-elective admissions. Comparing 2015/16 with previous years this is a reduction in A&E attendances for North Manchester patients and a reduction of non-elective admissions; the latter continues to fall at a significant rate. This reflects the success of some of the innovative developments in community services in North Manchester. Due to North Manchester having a multi-disciplinary discharge team, the delays for North Manchester patients are significantly low compared with patients from other boroughs on the site.

6.1 System wide response to Urgent Care challenges in North Manchester

6.1.1 Community Assessment and Support Service (CASS)

The Community Assessment Support Services CASS is a newly integrated health and social service. It includes reablement, intermediate care, crisis response and navigator services. The enhanced intermediate care beds and home pathway placements are available to step patients up from the community and also to step down from acute care

6.1.2 North Welfare fund

This is available to Crisis Response and to Manchester Care and Repair to fund ad-hoc social needs of vulnerable patients. Examples are electricity top-up cards, food staples, clean linen, house cleans, boiler repairs/replacements. Keeping vulnerable patients safe and warm at home contributes to their ability to self-manage and reduce demand on the urgent care system

6.1.3 North Manchester Crisis Response

The Crisis Response team is a multidisciplinary team delivering a 7 day service to patients in their place of residence. The service delivers care to acutely unwell patients and has a wide range of community services to access within and outside of

CASS. They also work with North West Ambulance Service (NWAS) delivering a unique pilot, to take Amber referrals direct from NWAS and treat patients within their home. This is solely due to the skill-mix within the team. GTD Healthcare provide the standard Alternative to Transfer service in the overnight periods

6.1.4 Enhanced Home from Hospital

This service is operating from NMGH, taking vulnerable people to their place of residence. For Manchester patients it complements the core Home from Hospital service referenced in 7.2

6.1.5 Community Intravenous Therapy (IV) Service

This is a service delivered in the community and offers IV antibiotics and sub-cut fluids to patients within their place of residence as an alternative to admission and also supports early hospital discharge.

6.1.6 Palliative Care Hub

The Palliative Care hub in North Manchester is fully operational with a Consultant based in the Community. A highly responsive service delivering a high level of care with dignity and respect allowing patients to be cared for in their preferred place of residence

6.1.7 Ambulatory Care

The CCG has funded a GP post to work along site acute staff within the Ambulatory care facility (north Manchester Treatment centre) promoting admission avoidance, ambulatory care primary and community delivered pathways, clinical advice and links in with Community delivery of urgent care.

6.1.8 Falls pathway

The falls pathway allows referral to the community urgent care service to avoid admission.

6.1.9 Acute Respiratory Assessment Service

The Acute Respiratory Assessment Service provides responsive early supported discharge and admission avoidance. A consultant led clinic is provided in the Cheetham Hill area with ‘hot-slots’ available for on the day consultant access for patients in the community. Pulmonary rehabilitation is provided all year round in a variety of locations including patients’ own place of residence to support patients.

6.1.10 Additional capacity

North Manchester CCG have funded additional capacity in 2015/16:

- NMGH consultant and medical staff to increase capacity including additional ward rounds
- Additional paediatric staffing at NMGH

- Reablement packages, reablement workers and social workers
- Additional equipment into the North Manchester Community Services, the Citywide Children's Community Nursing Team, examples nebulisers, lifting cushions, enuresis alarms and saturation monitors

The CCG is also about to fund Night Sitters to sit with vulnerable and eligible patients overnight to attend to patient needs, for example to remind them to take medication, see to toilet needs. This is to promote patient dignity and well-being, support patients in their place of residence and to reduce demand on the urgent care system.

6.1.11 Transport

North East Sector SRG has funded a 'single point of booking' at PAHT, to reduce duplication of transport bookings, reduce transport wastage, and ensure patients are able to leave the PAHT sites in reasonable timeframes. In addition there is the winter transport scheme across the PAHT sites offering additional capacity to the sites.

North Manchester is one of 7 pilot sites in the North West taking part in a Green pilot with NWAS, bringing GP referred patients into hospital early in order that unnecessary admission might be avoided. This has recently finished and the CCG is awaiting evaluation.

7.0 Manchester Citywide whole system wide response to Urgent Care challenges across North, Central and South Manchester

A number of initiatives to improve urgent care performance are being delivered collaboratively by all three Manchester CCGs. Most significantly, a citywide strategy for the "reactive" elements of urgent care is being developed. This will build on many of the good practice examples described above and will ensure consistent approaches across the city.

7.1 Manchester Primary Care Partnership (MPCP) Extended Access

Manchester's three GP federations, known as the Manchester Primary Care Partnership, were successful in a bid to the Prime Minister's Challenge Fund to provide additional access to GP appointments across the city. Patients registered with a Manchester GP can book an appointment between 0800-2000 (Monday to Friday) and 1000-1800 (Saturday and Sunday). Appointments are available at 12 bases across the city and within GP hubs in the city's 3 main hospitals. This increase in GP appointment capacity makes it much easier for Manchester patients to book a GP appointment and particularly meets the needs of those who find it difficult to attend surgeries during routine working hours. This additional capacity is supplemented by the existing primary care out of hour's medical service and appointment capacity within patients' own GP practices.

7.2 Home from Hospital

Home from Hospital service offers personalised support to over 60s, who fall outside the scope of re-ablement and social care and may be at risk of re-admission,

following discharge from A&E, Medical Assessment and other wards. The service ensures that vulnerable or isolated patients aged over 60 can be provided with practical discharge support which helps them build resilience at home. This can include falls prevention measures minor repairs, help with, applying for welfare benefits and technical support to address property disrepair, assess home adaptations and offer assistance to improve the energy efficiency and thermal comfort of their home.
The findings of an audit showed that over a 6 month period from April to September 2015, 40% of people declining the service were re-admitted within 28 days compared to only 20% who accepted the service.

7.3 Alternative to Transfer (ATT)

NWAS is working with other services to provide alternatives to hospital transfer. The use of the Pathfinder Tool identifies which patients are safe to be left at home subject to there being another service available to continue appropriate assessment and care of patients in a timely manner. This is particularly beneficial for lower acuity patients, particularly those who are elderly who currently are taken to A&E and often admitted. This scheme has consistently shown reductions in emergency ambulance activity, reductions in A&E attendances, and reductions in hospital admissions. All 3 CCGs have ATT cover 24 hours a day, 7 days a week
There is a slightly different version of the scheme operating in North Manchester. Whereas the out of hours service provides 24 hour GP cover for Central and South Manchester, in North only the evening and overnight period is covered by the out of hours service; during the day NWAS is referring directly into North's Crisis Response multidisciplinary team.

8.0 Summary

This paper provides information as to the current performance against the national targets for A&E departments and acknowledges that performance is not what the city would want for its patients. It also provides details of how the health and social care system are working together to deliver sustainable improvement.

Health Scrutiny Committee members are asked to note the contents of this paper.